

MAIL STOP PATENT APPLICATION

If checked, this application is a:

parts.

Continuation

Divisional

Continuation-in-part

(Examiner) in Group/Art Unit .

Commissioner For Patents

Attorney's Ref: STAN/375/US

Date: March 30, 2004



P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing is the \square Utility \square Design patent application of: Inventor(s): Glen J. Cibotti FUEL INJECTOR WITH HYDRAULIC FLOW CONTROL Enclosed are: 17 Sheets of Specification 5 Sheet(s) of Drawing(s) Containing Figures 1 – 12 ☐ Formal ☐ Informal A Return Receipt Postcard. An Assignment Of The Invention A Certified Copy of a Priority Document. A Signed Inventor's Declaration Small Entity Status Claimed by Applicant. Application Data Sheet. Information Disclosure Statement with Form PTO 1449 Request for Non-Publication of Application

For Continuation or Divisional Applications: The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application

Application of prior United States Patent Application No.: _____ previously examined by

I, hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on March 30, 2004, and is addressed to the "Mail Stop Patent Application, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Attorney's Ref: STAN/375/US

Date: March 30, 2004

The filing fee has been calculated as shown below:								
Design Application For	Small Entity = \$170	☐ Not Small Entity = \$340						
□ Utility Application With Fee Calculated Below:								

☐ If Checked, Applicant Is A SMALL ENTITY.

	No. <u>Filed</u>	CLAIM	<u>S</u> No. <u>Extra</u>	SMALL	ENTITY	LARGE	ENTITY
Total Claims	. 17	20=	0	x \$ 9 =	\$	x \$18 =	\$
Independent Claims	4	3=	1	x \$43 =		x \$86 =	\$ 86.00
Basic Fee					\$385.00		\$770.00
Multiple Deper	ndent Clai	ms		x \$145		x \$290	
FIESEIILEU				TOTAL	\$	TOTAL	\$856.00

		IOTAL	\$	TOTAL	<u>\$856.00</u>
\boxtimes	A check in the amount of \$856.00 to	cover the filing	fee is enclosed	i.	
☐ fee.	Please charge my Deposit Account N A duplicate copy of this sheet is end		the amount of	\$ t	o cover the filing
	The Commissioner is hereby authorized 1.16 associated with this communication A duplicate copy of this sheet is en	on or credit an			

☐ The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 required during the pendency of this application and to credit any overpayment to Deposit Account No. 16-2563. ☐ A duplicate copy of this sheet is enclosed.

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Date: March 30, 2004 Our Ref: STAN/375/US